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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>		5,966,702 / 90/011,492									
	<b>Filing Date</b>		Issue Date: October 12, 1999									
	<b>First Named Inventor</b>		Nedim FRESKO									
	<b>Title</b>	METHOD AND APPARATUS FOR PRE-PROCESSING AND PACKAGING CLASS FILES										
	<b>Art Unit</b>		Not Yet Assigned									
	<b>Examiner Name</b>		Not Yet Assigned									
		<b>Attorney Docket No.</b>		154892800400								
I hereby revoke all previous powers of attorney given in the above-identified application.												
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: <div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;">25226</div>												
<input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Practitioner(s) Name</th> <th style="width: 15%;">Registration Number</th> <th style="width: 30%;">Practitioner(s) Name</th> <th style="width: 15%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number				
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Name		Telephone		650-506-9997								
Title and Company		Sr. Patent Counsel, Oracle America, Inc.										
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.												
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